Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kokua Gardens	**CHAPTER 100.1**
Address: 340-B Kawainui Street, Kailua, Hawaii 96734	**Inspection Date: November 9, 2020 Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Resident #1, inventory incomplete as follows: 1. No documentation for bed safety alarm, blood glucose monitoring machine, therapy doll 2. Hearing aid listed; however, not available	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Inventory of Residents valuable was reviewed and rechecked, Items that are missing in the list was added.	11/10/20

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained. **FINDINGS** Resident #1, inventory incomplete as follows: 1. No documentation for bed safety alarm, blood glucose monitoring machine, therapy doll 2. Hearing aid listed; however, not available	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - Use the checklist of valuables during admission and tell the family that this is the list and will update as needed. If they bring new things in they must let us know so we can update the list.	01/08/17

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1, medication made available without orders due to Primary Care Giver error in transcription:: 1. "Trazadone 50 mg ii QHS" made available; however, order reads, "Trazadone 50 mg I QHS" 2. Medication crushed; however, no order to crush 3. "Melatonin 3 mg ii QHS" made available; however, order reads, "Melatonin 3 mg i QHS"	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Trazadone 50 mg ii QHS and Melatonin 3 mg ii QHS was corrected and signed during recent doctors visit including crushing of medications.	12/7/20

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1, medication made available without correct orders due to Primary Care Giver error in transcription: 1. "Trazadone 50 mg ii QHS" made available; however, order reads, "Trazadone 50 mg I QHS" 2. Medication crushed; however, no order to crush 3. "Melatonin 3 mg ii QHS" made available; however, order reads, "Melatonin 3 mg i QHS"	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - Before giving medications, check if I have order. - Check if the order is written correctly in the MAR - Check if the pharmacy bottle match the order. - Get a verbal order to crush medications if patient can't swallow the meds.	01/8/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. **FINDINGS** Resident #1, no evidence of documentation for verbal order on the physician order sheet. Call to physician on 10/31/20 recorded in the resident progress notes.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. **FINDINGS** Resident #1, no evidence of documentation for verbal order on the physician order sheet. Call to physician on 10/31/20 recorded in the resident progress notes.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - When I get verbal order, write in the progress note. - Write also the verbal order on the Dr. Visit/order note with the date and name of medications. - When I get the meds. check the bottle to see it it matches the MAR and order. - mark in the calindar and make a note to bring order shit.	01/08/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1, two (2) pharmacy labeled medication bottles were separately secured and discontinued in the medication administration record (MAR;) however, orders for PRN were not identified in the MAR. Orders read as follows: 1. "Furosemide 20 mg i po x 5 days then continue PRN for peripheral edema" 2. "K-tab 10 meq i po x 5 days then continue PRN for peripheral edema"	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Furosemide 20mg i po daily and K-tab 10 meq ipo daily was added on the residents MAR as PRN for peripheral edema.	11/10/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. **FINDINGS** Resident #1, two (2) pharmacy labeled medication bottles were separately secured and discontinued in the medication administration record (MAR;) however, orders for PRN were not identified in the MAR. Orders read as follows: 1. "Furosemide 20 mg i po x 5 days then continue PRN for peripheral edema" 2. "K-tab 10 meq i po x 5 days then continue PRN for peripheral edema"	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - When I do my MAR, transcribe it from the order to check that I write it correctly. Read the order out loud completely and see if it matches the order. - Look at the bottle and see if the bottle matches the order.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Physician or APRN signed orders for diet, medications, and treatments; **FINDINGS** Resident #1, blood glucose monitoring (BGT) results on MAR daily; however, no order or parameters for BGM.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Blood sugar daily monitoring was discussed and corrected during recent doctor's visit.	12/1/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Physician or APRN signed orders for diet, medications, and treatments; **FINDINGS** Resident #1, blood glucose monitoring (BGT) results on MAR daily; however, no order or parameters for BGM.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - During admission, make sure not to accept verbal order from another family. When told that I have to do (BGM), I have to call the Doctor to make sure that I have to do it, how often and parameters.	01/08/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** Primary Care Giver, substitute care giver (SCG) #1 and SCG #2, ten (10) of annual continuing education hours. Submit evidence for two (2) additional hours with the plan of correction for the twelve (12) hour annual requirement.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Additional two hours of continuing education was added to Primary Care giver and SCG #1 and SCG # 2.	12/02/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** Primary Care Giver, substitute care giver (SCG) #1 and SCG #2, ten (10) of annual continuing education hours. Submit evidence for two (2) additional hours with the plan of correction for the twelve (12) hour annual requirement.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - Future plan after the Pandemic, every year I have to check the every organization agency, association for the availability of continuing education.	1/8/21

Licensee's/Administrator's Signature: Lynda Odunia

Print Name: LYNDON ODUNIA

Date: 01/08/2021